

Tax ID / EIN: _____

DONATION RECEIPT

Receipt Number: _____

Date of Issue: _____

Tax Year: _____

DONOR INFORMATION

Donor Name: _____

Donor ID: _____

Address: _____

CONTRIBUTION SUMMARY

Date Received	Description / Method	Total Received	Value of Goods Provided

Total Contributions: _____

Total Value of
Goods/Services: _____

**Tax-Deductible
Amount:** _____

Thank you for your generous contribution. No goods or services were provided in exchange for this contribution other than those specified above, and any goods or services provided consisted entirely of intangible religious or administrative benefits.

Authorized Representative Signature

Title / Date